EXHIBIT 8-F

EMPLOYMENT TRACKING & DIRECT BENEFIT SUMMARY

INSTRUCTIONS FOR COMPLETING FORM

NOTE: HUD is requiring states to collect and report additional information from assisted businesses. This revised form includes new categories for reporting. Please review these new categories, then start collecting and reporting the new information on future employment tracking forms. If you have any questions, please contact a CDBG-ED staff person.

1. **RACE AND ETHNICITY DATA** Please note that race categories and ethnicity columns are on the form. Both columns need to be filled out for each employee reported.

2. **DUNS IDENTIFICATION NUMBER** Provide the D&B DUNS Identification **n**umber for the assisted business. If the business does not have a DUNS number, they must apply for one. For more information, see this website: http://www.whitehouse.gov/omb/grants/duns_num_guide.pdf

3. **NAIC CODE** Report the NAIC industry classification code for the assisted business. For more information, see this website: http://www.census.gov/cgi-bin/sssd/naics/naicsrch?chart=2007

4. **CLASSIFICATION CODE** Identify the job classification code for each position.

5. **HEALTH CARE BENEFITS** Declare whether or not a business sponsors health care benefits for its employees.

General Information

A family's income is the income amount at the time jobs are filled, not after a person is hired into the position. For new hires, income is determined for the year prior to the date the person is hired. For projects retaining jobs, the income levels should be documented for the prior year's income of the family.

NOTE: Businesses claiming retention of jobs should have submitted this form or its equivalent with the application to document existing employees eligible as low and moderate income. The form must indicate which positions are currently held by low and moderate income persons. The application must have provided clear and objective evidence that, in the absence of the CDBG-ED assistance, the jobs would have been lost, and the business had to commit to filling as many new job openings from turnover and job creation, if any, as reasonably possible with low and moderate income persons.

Fill out the Form for all new hires, being sure to update "Total Positions to Date" as well as the "Total Number of LMI Hires to Date." This form is to be used on an on-going basis, with

quarterly reports submitted to the Department. Grantees may insert as many lines as needed to record new hires during the course of the MDOC contract. **It is not necessary to fill out a separate form each quarterly report, rather, to use this tracking sheet as a continuous, cumulative record of hiring activity.**

If you have an employee that is terminated and later rehired, the person is treated the same as a "new hire." A **new** Income Certification form must be filled out, since the person's LMI, status may have changed during the intervening time period.

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1. **NAME OF LOCAL GOVERNMENT**

   Enter the name of the grantee – i.e., the name of the City, Town or County

2. **NAME OF ASSISTED ENTITY/BUSINESS**

   Enter the name of the assisted entity or business

3. **DUNS NUMBER FOR BUSINESS**

   Enter the DUNS number for the assisted business

4. **NAIC CODE**

   Enter the NAIC industry classification for the type of business

5. **DOES THE BUSINESS PROVIDE HEALTH CARE BENEFITS?**

   Enter a "yes" or "no" to whether the business sponsors health care benefits for its employees

6. Enter your **CDBG-ED Contract Number** (MT-CDBG-EDXX-XX)

7. Enter the **calendar quarter** (month/day/year) for which this form is being completed (e.g., March 31, XXXX; June 30, XXXX; September 30, XXXX; December 31, XXXX)

8. Enter the **Total (Cumulative) Number of FTEs trained** from the beginning of the project through the end of the current quarter, and also the **total number of LMI FTE's trained to date**.

9. For projects proposing to create new jobs: Enter the Total (Cumulative) Number of New Positions **Created** from the beginning of the project through the end of the current quarter. This number would include the Total (Cumulative) Number of New FTEs **actually hired as permanent employees after completing the training program and probationary period. Ensure that jobs/positions that experience job turnover are not double-counted.**

10. For projects proposing to retain jobs: Enter the Total Number of Employees **Retained**. Unless the assisted entity is proposing to create some new jobs along with job retention, this number will not change throughout the term of the project.

11. Enter the name of the **person who verified the information** on this form for this quarter.

    NOTE: The MDOC recommends that the project manager, the job service, or other assisting agency fill out this form. If someone from the assisted entity (the business) fills out this form, the project manager, the job service, or other assisting agency should perform (and document) independent tests to verify that the information is correct.

12. **Enter the date** the information on this form for this quarter was verified (the date the form was filled out)

Instructions for Columns

13. **EMPLOYEE NAME**

    Enter the name of the employee and position title.

14. **POSITION NUMBER**

    Enter the employment or job **Position Number** or other unique position identifier *(a unique position identifier is **required** to ensure that jobs are not double-counted in turnover situations)*

15. **JOB CODE**

    Enter the Job Code that identifies the position (see KEY)

16. **HIRE STATUS**

    Enter the hire status letter code (see KEY)

17. **DATE HIRED**

    Enter the date the person was hired

18. **DATE TERMINATED**

Enter the date the person was terminated, if applicable

19. **FULL TIME OR PART TIME**

Enter the two-letter code for full time or part time employee (see KEY)

20. **FTE PERCENTAGE**

All positions must be converted to "Full Time Equivalents" (FTEs).

If the person was hired into a position that works 40 hours per week, enter a "**1.0**" in this column.

If the person was hired into a position that works **less than 40 hours per week, the FTE must be calculated as a fraction or percent of a 40-hour workweek, and entered in this column.** For example:

20 hrs/wk = 0.5 FTE (20 hrs / 40 hrs); enter **0.5** in the column
30 hrs/wk = 0.75 FTE (30 hrs / 40 hrs) enter **0.75** in the column

21. **PERMANENT OR SEASONAL WORKER**

Enter the one-letter code to indicate if the employee is permanent or seasonal (see KEY)

NOTE: Permanent, year-round jobs are the priority of the program. **Only permanent jobs may usually be counted.** Temporary construction jobs, other temporary jobs and some seasonal jobs may not be counted. Projects involving primarily seasonal jobs are not generally acceptable under federal CDBG requirements. In order to be counted, a seasonal job must be the **primary occupation** and the **principal source of income** to the low- to moderate-income person **for the year**. This situation is very difficult to document and is not encouraged for CDBG projects.

22. **RATE OF PAY**

Enter the hourly rate for all positions, even salaried positions.

23. **INCOME LEVEL**

For new hires, the *CALCULATION OF BENEFIT TO LOW AND MODERATE INCOME PERSONS AND RACE AND ETHNICITY CATEGORIES* (income survey form), **EXHIBIT 8-E** should be completed at the time a person is hired. Enter the income level code for each employee, as indicated on completed income survey forms (see KEY)

24. **RACIAL CATEGORY**

Enter the code that corresponds to the appropriate Racial Category for the employee (see KEY).

25. **ETHNICITY CATEGORY**

Enter the code that corresponds to whether or not the employee is Hispanic or Latino (see KEY)

26. **MALE**

Check if employee is male

27. **FEMALE**

Check if employee is female

28. **HANDICAPPED STATUS**

Check if employee is handicapped

29. **FEMALE HEAD OF HOUSEHOLD**

Check if employee is a female head of household